

Please type a plus sign (+) inside this box →

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/838,483
Filing Date	04/19/01
First Named Inventor	Louise C. Sengupta
Title	Waveguide-Finline*
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	283014-00018-1

\* Tunable Phase Shifter

I hereby appoint:

☒ Practitioners at Customer Number

29694

Place Customer  
Number Bar Code  
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert P. Lenart			
Address	Pietragallo, Bosick & Gordon			
Address	One Oxford Centre, 38th Floor, 301 Grant Street			
City	Pittsburgh	State	PA	Zip 15219
Country	US			
Telephone	(412) 263-4399	Fax	(412) 261-0915	

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Louise C. Sengupta

Signature

*Louise C. Sengupta*

Date

9/11/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

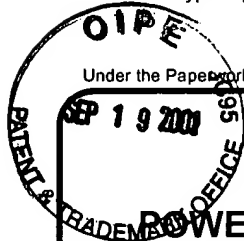
Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/838,483
Filing Date	04/19/01
First Named Inventor	Louise C. Sengupta
Title	Waveguide-Finline*
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	283014-00018-1

\* Tunable Phase Shifter

I hereby appoint:

☒ Practitioners at Customer Number

29694

Place Customer  
Number Bar Code  
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

☒ Firm or  
Individual Name

Robert P. Lenart

Address

Pietragallo, Bosick & Gordon

Address

One Oxford Centre, 38th Floor, 301 Grant Street

City

Pittsburgh

State

PA

Zip

15219

Country

US

Telephone

(412) 263-4399

Fax

(412) 261-0915

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Andrey Kozyrev

Signature

Date

9/10/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.